

**COPY**

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF IOWA  
WESTERN DIVISION

PAUL DORR, AND ALEXANDER DORR, INDIVIDUALLY AND ON BEHALF OF ALL OTHER PERSONS SIMILARLY SITUATED,	NO. 5:008-cv-04093-MWB
Plaintiffs, vs.  DOUGLAS L. WEBER, INDIVIDUALLY AND IN HIS CAPACITY AS SHERIFF, AND HIS SUCCESSORS, THE OSCEOLA COUNTY SHERIFFS DEPARTMENT, IOWA AND OSCEOLA COUNTY, IOWA,	DOUGLAS L. WEBER AND OSCEOLA COUNTY'S ANSWERS TO PLAINTIFFS' INTERROGATORIES, RESPONSE TO PLAINTIFFS' REQUEST FOR PRODUCTION AND RESPONSE TO PLAINTIFFS' REQUEST FOR ADMISSIONS
Defendants.	

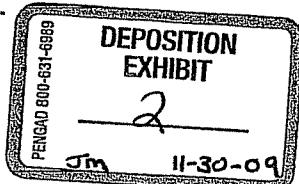
COMES NOW Defendants Douglas L. Weber and Osceola County, and for their  
Answers to Plaintiffs' discovery requests, state:

**INTERROGATORIES**

INTERROGATORY NO. 1: Identify the person or persons who prepared or participated in the preparation of the answers to these Interrogatories and, as to each Interrogatory, state the name of each and every person who answered or supplied information for the answer to that particular Interrogatory; and with respect to each such person, specifying in all possible detail, each and every fact of which they have knowledge and the identity of each and every document which discusses, reflects, refers or relates to any such fact.

ANSWER: Doug Weber. To the extent that any document refers to any fact set forth in these answers, those documents were produced with Defendants' initial disclosures.

INTERROGATORY NO. 2: Identify each and every person having knowledge with respect to any of the allegations contained in Defendants' Answer.



ANSWER: There are no allegations in the Answer. Doug Weber has knowledge with respect to Defendants' Affirmative Defenses.

INTERROGATORY NO. 3: Identify each and every document which Defendants reviewed and/or relied upon in preparing responses to these discovery requests and include in your answer the date of each document, its author and any designated recipient of the document.

ANSWER: None, other than those provided with Defendants' Rule 26 Disclosures.

INTERROGATORY NO. 4: If any of the information, documents and/or other items requested in Plaintiffs' First Set of Interrogatories or First Request for Production of Documents is withheld on the basis of privilege, work product or otherwise, identify each item of information so withheld and provide the following information:

(a) the basis for the claim of privilege, work product, or other ground of non-disclosure; and,

(b) if the information is contained in a document, provide the identity of the document, the number of pages, attachments, and/or appendices, the identity of each and every person who had access to work custody of the document, the present custodian of the document, and a description of the subject matter of the document.

ANSWER: No claims of privilege are being made at this time. However, Defendants reserve the right to assert the attorney client privilege with respect to communications between them or either of them and any attorney retained by them or either of them, should plaintiffs seek information that is protected by the privilege.

INTERROGATORY NO. 5: Identify each person you expect to call as an expert witness at the trial of the above captioned action and, with respect to each such expert

witness, state the subject matter on which the expert is expected to testify, the assessment of the facts and opinions of which the expert is expected to testify, a summary of the grounds for each opinion, and the identity of all documents or other items the expert reviewed or relied upon in forming such opinions.

ANSWER: Defendants have not made any decisions with respect to experts who may be called at trial.

INTERROGATORY NO. 6: With respect to each Request for Admission for which you did not unequivocally admit, specify in all possible detail the reasons for not unequivocally admitting the Request including, but not limited to, each and every fact which you claim makes the Request for Admission untrue.

ANSWER: Request Nos. 2 and 3: The "Sheriff's Department" is not a legal entity that can compensate or retain counsel. *See* Defendant's Motion to Dismiss.

INTERROGATORY NO. 7: State who is responsible for issuance of nonprofessional permits to carry weapons in Osceola County, Iowa.

ANSWER: The Osceola County Sheriff.

INTERROGATORY NO. 8: State who in Osceola County, Iowa is responsible for developing policies to determine whether nonprofessional permits to carry weapons are granted or denied, and include in this answer the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such policy.

ANSWER: If written policies are developed, development will be the responsibility of the Osceola County Sheriff. There were no written policies in place at the time of the denial that gives rise to this lawsuit.

INTERROGATORY NO. 9: Specify in all possible detail each and every fact that supports the denial contained in paragraph 4 of your Answer, including but not limited to the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: The "Osceola Sheriff's Department" is not responsible for the issuance of nonprofessional permits to carry weapons. That is the responsibility of the Osceola County Sheriff. *See Iowa Code § 331.653(59).* The Department policies do not govern the actions of the Sheriff in the determination of decisions to grant or deny permits. These decisions are committed to the discretion of the Sheriff by Iowa Code § 724.11.

INTERROGATORY NO. 10: Specify in all possible detail each and every fact that supports the denial contained in paragraph 5 of your Answer, including but not limited to the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: The Sheriff is not "employed" by the County. The office of sheriff is an elective office. *See Iowa Code § 331.651.* The County is not responsible for implementation of the state statute governing the grant or denial of nonprofessional permits to carry weapons, and the County is not responsible for development of policies related to the grant or denial of nonprofessional permits to carry weapons. *See Iowa Code §§ 331.653(59) and 724.11.*

INTERROGATORY NO. 11: Specify in all possible detail the facts which you considered to evaluate subsection 5 of Iowa Code section 724.8 "the issuing officer reasonably determines that the applicant does not constitute a danger to any person," with respect to Plaintiffs' applications for nonprofessional permits to carry weapons.

ANSWER: The facts considered by the Sheriff are noted in the "Reason Disapproved" section of the 2007 applications submitted by plaintiffs.

INTERROGATORY NO. 12: Identify each and every person who has applied with the Osceola County Sheriff's Department for a nonprofessional permit to carry a weapon since the year 2000.

ANSWER: All of the applications that are known to exist will be produced as soon as they can be copied.

INTERROGATORY NO. 13: Identify each and every person to whom the Osceola County Sheriff's Department has granted a nonprofessional permit to carry a weapon since the year 2000.

ANSWER: Permits are granted by the Sheriff. All of the applications that are known to exist will be produced as soon as they can be copied.

INTERROGATORY NO. 14: Identify each and every person who Defendant Osceola County Sheriff's Department has denied nonprofessional permits to carry weapons since the year 2000, and for each state the reason why the permit was denied.

ANSWER: Denials are issued by the Sheriff. All of the applications that are known to exist will be produced as soon as they can be copied.

INTERROGATORY NO. 15: Specify in all possible detail the investigation that was performed relating to Alexander Dorr's permit application for the year 2008.

ANSWER: Sheriff Weber reviewed the information related to the statutory criteria and confirmed his date of birth.

INTERROGATORY NO. 16: State each and every fact and identify the condition that changed between 2006 when Paul Dorr was granted a nonprofessional permit to carry weapons and the year 2007 when he was denied a nonprofessional permit to carry weapons.

ANSWER: Citizens made more comments which were of concern to Sheriff Weber.

INTERROGATORY NO. 17: Specify in all possible detail each and every fact that reflects, supports or refutes Defendants' denial, in Paragraph 19 of its Answer, including but not limited to the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: There are no known members of this alleged class, there are no known individuals who are similarly situated, and Defendants do not believe the claims asserted by plaintiffs are typical of anyone else in the County.

INTERROGATORY NO. 18: Specify in all possible detail each and every fact that reflects, supports or refutes Defendants' denial in Paragraph 20 of its Answer, including but not limited to the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: It is plaintiffs' burden to establish that they and their attorneys can fairly and adequately protect the interests of the purported class. Paul Dorr makes his living attacking the character of others. The same concerns expressed by members of the public that lead to the denial in 2007 are the reasons why Paul Dorr would not be an appropriate class representative.

INTERROGATORY NO. 19: Specify in all possible detail each and every fact related to Defendant Weber's investigation into Paul Dorr's worthiness to have a nonprofessional permit to carry weapons issued in the years 2000 through 2006, including

but not limited to the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: Sheriff Weber took office in January of 2005. The permits he granted in 2005 and 2006 were issued based upon his review of the facts related to the statutory and administrative criteria.

INTERROGATORY NO. 20: Specify in all possible detail each and every fact that supports the assertion in Paragraph 37 of Your Answer that "There's some fear out there of [Paul Dorr]", existing as of August 9, 2007, including but not limited to the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: Citizens made comments to the Sheriff that Dorr's behavior was becoming increasingly hostile. People expressed concerns that they were afraid of Dorr. These comments and concerns were consistent with the Sheriff's observations.

INTERROGATORY NO. 21: State the facts upon which you relied to deny Alexander Dorr a nonprofessional permit to carry weapons in 2008.

ANSWER: His age.

INTERROGATORY NO. 22: Specify in all possible detail each and every fact that supports the denial in Paragraph 47 of Your Answer of the allegation that "Sheriff Weber did not provide a reason for [Paul] Dory's denial for a permit", and include the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: The Sheriff has no record of an Application from Paul Dorr in 2008.

INTERROGATORY NO. 23: Specify in all possible detail each and every fact that supports the denial in Paragraph 56 of Your Answer to the allegation that "Sheriff Weber did not provide Alexander Dorr a reason for the denial of the requested permit", including but not limited to the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: *See Application.*

INTERROGATORY NO. 24: State the identity of each and every person to whom Sheriff Weber made the statements admitted in Paragraph 64 of Your Answer, and the identity of all other persons who made those statements.

ANSWER: The minutes of the Public Safety Commission may show who was present. A copy will be produced as soon as available.

INTERROGATORY NO. 25: State the identity of each and every person who has "reported they fear Paul Dorr" as alleged in Paragraph 75 of Your Answer, and the identity of all other persons who made those reports of "fear", the factual basis for the "fear", and the dates on which those reports of "fear" were made.

ANSWER: There have been numerous comments from the public over the years and prior to the 2007 denial but the Sheriff did not document them and does not recall names.

INTERROGATORY NO. 26: Specify in all possible detail each and every fact that supports the denial in Paragraph 77 of Your Answer of the allegation that the Defendants "made no reasonable determination that [Paul] Dory constitutes a danger to any person", including but not limited to the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: There have been numerous comments from the public over the years and prior to the 2007 denial. While the Sheriff did not document them and does not recall names, these comments were consistent with his own observations.

INTERROGATORY NO. 27: Specify in all possible detail each and every fact that supports the denial in Paragraph 87 of Your Answer of the allegation that "Sheriff Weber in 2007 and 2008 could not articulate a reason to substantiate a 'reasonable determination' to deny [Paul] Dorr a nonprofessional permit to carry a weapon," and include in this the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: The reasons are set out in the 2007 application.

INTERROGATORY NO. 28: Specify in all possible detail each and every fact that supports the denial in Paragraph 95 of Your Answer.

ANSWER: There is nothing in § 724.8 that indicates one who "meets all of the criteria established [thereunder] ... is entitled to a nonprofessional permit to carry a weapon." See Iowa Administrative Code § 661-91.4(2).

INTERROGATORY NO. 29: Specify in all possible detail each and every fact that supports your assertion that the Defendants made a "reasonable determination that Alexander Don constitutes a danger to any person", referenced in Paragraph 104 of Your Answer, and include the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: The Sheriff does not believe it is wise for any person who was Alexander Dorr's age to have a permit to carry a concealed weapon.

INTERROGATORY NO. 30: Specify in all possible detail each and every fact that supports that the Defendants' statement in Paragraph 136 of Your Answer that Sheriff Weber "granted Paul Don a nonprofessional permit in 2005 and 2006 because he met the statutory criteria", but that in 2007 and 2008 Paul Don no longer met the statutory criteria, and include the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: *See* Answer to Interrogatory No. 16.

INTERROGATORY NO. 31: State which of the statutory criteria you expected Alexander Don to meet between 2008 and his 21st birthday, but which he did not meet as of the time of his application for a nonprofessional permit to carry weapons in 2008.

ANSWER: Age of majority. *See* Iowa Administrative Code § 661-91.4(2)

INTERROGATORY NO. 32: Specify in all possible detail each and every fact that supports the denial in Paragraph 154 of Your Answer of the assertion that "Osceola County designated Sheriff Weber as the issuing officer to grant or deny nonprofessional permits to carry weapons", and include the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: The legislature designated the Sheriff to do this, not the County. *See* Iowa Code § 331.653(59).

INTERROGATORY NO. 33: Specify in all possible detail each and every fact that supports the Defendants' agreement with the assertion that "Sheriff Weber's denial of a nonprofessional permit to carry a weapon under Iowa Code Sec. 724.8(5) meant Paul Dorr is a danger to a person or persons", in Paragraph 173 of Your Answer, and include the identity

of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: See Answer to Interrogatory No. 16.

INTERROGATORY NO. 34: State all ways in which Plaintiff Alexander Dorr failed to meet the statutory criteria for obtaining a nonprofessional permit to carry a weapon when he applied in 2008, and include the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: See Answer to Interrogatory No. 31.

INTERROGATORY NO. 35: Specify in all possible detail each and every fact that supports the Defendant Weber's statements that he "does not trust" Paul Dorr as asserted in newspaper articles, and include the identity of persons and the identity of each and every document that discusses, reflects, refers or relates to any such identified fact.

ANSWER: See Answers to Interrogatory Nos. 20 and 25-26.

INTERROGATORY NO. 36: Specify in all possible detail each and every fact that discusses, reflects, refers to or relates to Defendant Weber's retention of attorney Daniel DeKoter to write rules for issuing nonprofessional permits to carry weapons.

ANSWER: Defendants object to this interrogatory. The alleged retention of counsel to write rules for issuing nonprofessional permits is irrelevant and not reasonably likely to lead to the discovery of admissible evidence.

#### DOCUMENT REQUESTS.

DOCUMENT REQUEST NO. 1: Produce each and every document identified in response to Plaintiffs' First Set of Interrogatories.

RESPONSE: Those documents were produced with Defendants' Rule 26 Disclosures.

DOCUMENT REQUEST NO. 2: Produce each and every document which discusses, reflects, refers to or relates to Plaintiffs' applications for nonprofessional permits to carry weapons.

RESPONSE: Those documents were produced with Defendants' Rule 26 Disclosures.

DOCUMENT REQUEST NO. 3: Produce each and every document which discusses, reflects, refers to or relates to investigations performed to determine the worthiness of the Plaintiffs to obtain nonprofessional permits to carry weapons.

RESPONSE: Those documents were produced with Defendants' Rule 26 Disclosures. There are no other investigative documents.

DOCUMENT REQUEST NO. 4: Produce each and every document which discusses, reflects, refers to or relates to the alleged "fear" that citizens had of Paul Don as of August 2007.

RESPONSE: See attached. No other pre-denial complaints were documented.

DOCUMENT REQUEST NO. 5: Produce each and every document which discusses, reflects, refers to or relates to applications for nonprofessional permits to carry weapons.

RESPONSE: All of the applications that are known to exist will be produced as soon as they can be copied.

DOCUMENT REQUEST NO. 6: Produce each and every document which discusses, reflects, refers to or relates to the process and factors used when evaluating applications for nonprofessional permits to carry weapons.

RESPONSE: The only documentation that existed at the time of the denials in this case is the applications. All of the applications that are known to exist will be produced as soon as they can be copied.

DOCUMENT REQUEST NO. 7: Produce all documents which discuss, reflect, refer to or relate to denials of applications for nonprofessional permits to carry weapons.

RESPONSE: The only documents that existed at the time of the denials in this case is the applications. All of the applications that are known to exist will be produced as soon as they can be copied.

DOCUMENT REQUEST NO. 8: Produce each and every document which discusses, reflects, refers to or relates to the retention of attorney Daniel DeKoter "to give legal advice on the issuance of concealed weapon permits" as alleged in Daniel De Koter's letter to Paul and Debra Dorr dated July 10, 2008, and attached hereto as Exhibit 2.

RESPONSE: Defendants object to production of these documents on the grounds that they are not relevant and are not reasonably likely to lead to the discovery of admissible evidence.

DOCUMENT REQUEST NO. 9: Produce each and document which discusses, reflects, refers to or relates to the Defendants' development of policies or rules to determine whether to issue nonprofessional permits to carry weapons.

RESPONSE: There was no written policy at the time of the denials which give rise to this litigation.

DOCUMENT REQUEST NO. 10: Produce each and every document which discusses, reflects, refers to or relates to compensation paid to attorney Daniel DeKoter for giving "legal advice on the issuance of concealed weapon permits."

RESPONSE: Defendants object to production of these documents on the grounds that they are not relevant and are not reasonably likely to lead to the discovery of admissible evidence.

DOCUMENT REQUEST NO. 11: Produce each and every document which discusses, reflects, refers to or relates to "written permit criteria for the issuance or renewal of concealed weapon permits" as referred to in Exhibit 2.

RESPONSE: There were no written criteria other than the statutes and administrative regulations at the time of the denials that give rise to this litigation.

REQUESTS FOR ADMISSION:

REQUEST FOR ADMISSION NO. 1: Admit that "Sheriff Weber advised the Commission [Osceola County Public Safety Commission] that he has retained Mr. DeKoter", as stated in the letter dated October 8, 2008, from Jerry Johnson to Paul Dorr, attached hereto as Exhibit 1.

RESPONSE: Admitted.

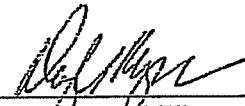
REQUEST FOR ADMISSION NO. 2: Admit that Defendant Osceola County Sheriff's Department compensated attorney Daniel DeKoter for giving "legal advice on the issuance of concealed weapon permits" as stated in Exhibit 2.

RESPONSE: Denied.

REQUEST FOR ADMISSION NO. 3: Admit that Defendant Osceola County Sheriff's Department retained attorney Daniel DeKoter for the purpose of giving legal advice on the issuance of concealed weapon permits.

RESPONSE: Denied. The Sheriff admits that he retained Mr. DeKoter to draft a written policy, but no written policy was adopted.

Respectfully submitted,

  
Douglas L. Phillips  
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ATTORNEYS FOR DEFENDANTS

Copy to:

Vincent J. Fahnlander  
Erick G. Kaardal  
33 South Sixth Street, Suite 4100  
Minneapolis, MN 55402

CERTIFICATE OF SERVICE  
The undersigned certifies that the foregoing instrument was served upon all parties to the above cause to each of the attorneys of record herein at their respective addresses disclosed on the pleading on 4/10, 2009  
By:  U.S. Mail       facsimile  
 Hand delivered       Overnight courier  
 Other       EFC

Signature Douglas L. Phillips

**CERTIFICATE**

I certify under penalty of perjury that the preceding is true and correct, to the best of my knowledge and belief.

Osceola County, Iowa:

By:

Douglas L. Weber  
Douglas L. Weber,  
Osceola County Sheriff

04-10-09

Date

Douglas L. Weber  
Douglas L. Weber, Individually and  
As Sheriff of Osceola County

04-10-09

Date

Initial Report  
 Supplement

**IOWA**  
**INCIDENT REPORT**

Case Number 0604-155

ORI # IA0720000

Reported Date 4/14/06

Reported Time 5:15PM

Phone

Reported By	Victim	Address (Street, City, State, Zip)	Phone	Reported Date	4/14/06
V	STAHL, LOIS, MAE	648 POPLAR ST, OCHEYEDAN, IOWA	(712) 758-3226	Reported Time	5:15PM
Victim Sequence #	Name (Last, First, Middle)	Address (Street, City, State, Zip)	Phone		
V	STAHL, LOIS	648 POPLAR ST, OCHEYEDAN, IOWA 51354	(712) 758-3226		

**C Type of Victim (check only one)**

Individual	Business	Financial Institution	Government	Religious Organization	Society / Public	Other	Unknown
T	R - Resident	L	Am Indian	M Male	DOB	Age	H Hispanic SOC / OLN / OLS
N	N - Non Resident	W White	A Asian	F Female		N Non Hispanic	
U	U - Unknown	B Black	U Unknown	U Unknown	10/28/34	71	U Unknown 476-34-5342

Type of injury (check up to five)	M Minor Injury (bruises, abrasions, minor lacerations, sprains)	
M	L Severe Laceration S Scalds / Burns	Possible Internal Injury B Broken Bones / skull fracture
T	T Loss of Teeth O Other Major Injury	U Unconsciousness N None

Date Occurred	Report Date	Time Occurred	Day of the Week	Special Reports:			
From: 4/14/06	To:	From:	I S M T W Th F	<input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Bias Crime <input type="checkbox"/> LEOKA			
Offense #:	Offense	State/City Statute	UCR Offense Code	Activity	Status	Location	Weapon Types
N	ANNOYING NEIGHBOR				A - attempted C - completed		
C					A - attempted C - completed		
I					A - attempted C - completed		

Location(s) of Offense(s):	648 Poplar St, Ocheyedan, Ia
D	01 Air/Bus/Train Terminal 08 Department/Discount Store 15 Jail/Prison 22 School/College 27 Farm Res.
D	02 Banks/Savings & Loan 09 Drug Store/Dr.'s Office/Hospital 16 Lake/Waterway 23 Service/Gas Station 28 Lake/Waterway
D	03 Bar/Night Club 10 Field/Woods 17 Liquor Store 24 Specialty Store 29 Liquor Store
E	04 Church/Synagogue/Temple 11 Government/Public Building 18 Parking Lot/Garage 25 Other Unknown
E	05 Commercial/Office Building 12 Grocery/Supermarket 19 Rental/Storage facility* 26 Park
N	06 Construction site 13 Highway/Road/Alley 20 Residence/Home If #14 or #19 are indicated, specify number of units entered:
N	07 Convenience Store 14 Hotel/Motel/etc.* 21 Restaurant

Type of Weapon/Force Involved Codes:	11 - firearm (type not stated) 12 - handgun 13 - rifle 14 - shotgun 15 - other firearm
T	20 - knife/cutting instrument 30 - blunt object 11A - automatic firearm 12A - automatic handgun 13A - automatic rifle
T	14A - automatic shotgun 15A - other auto firearm 35 - motor vehicle 40 - hands, fists, feet, etc. 50 - poison 60 - explosives
T	65 - fire 70 - narcotics/drugs 90 - other 95 - unknown 99 - none

Method of Entry: L F N F - forcible N - no force	Point of Entry: D Door W Window O Other
V	Loss Code Property Code/LIC LIS LIY UT VIN # Stolen # Recovered

E	Color Year Make Model Style Date of Recovery Estimated Value
H	Loss Property Estimated Item stolen, seized, burned, lost, found, or destroyed
H	Code Code Quantity Include Make, Model, Size, Type, Serial #, color, etc.
H	Estimated Date of Value Recovery

P	
R	

O	Loss Codes 1 - none 2 - burned 3 - counterfeited 4 - damaged/destroyed 5 - recovered 6 - seized 7 - stolen 8 - unknown	Total Value
Narrative: LOIS STAHL REPORTED HEARING A LOUD BANG ABOUT 3 MONTHS AGO. A COUPLE OF DAYS AGO SHE FOUND 2 12 GAUGE SHELLS ON HER YARD.		

E	Property Codes: 13 firearms 26 radios/TVs/VCRs 37 trucks 54 other farm supplies
R	01 aircraft 14 gambling equipment 27 recordings/audio/visual 38 vehicle parts/ accessories 55 grain
R	02 alcohol 15 heavy construction/ industrial equipment 28 recreational vehicles 39 watercraft 56 cattle
T	03 automobiles 16 household goods 29 structures - single 50 tractors 57 hogs
T	04 bicycles 17 jewelry 30 structures - other dwelling 51 combines 58 all other livestock
T	05 buses 19 merchandise 31 structures - other 52 other farm machinery 97 special category
T	06 clothes/furs 20 money 32 structures - industrial/ manufacturing 53 farm chemicals 98 pending inventory
Y	07 computer software/ hardware 21 negotiable instruments 33 structures - public/ community
Y	08 consumable goods 22 non-negotiable instruments 34 structures - other tools
Y	09 credit/debit cards 23 office-type instruments
Y	10 drugs/narcotics 24 other motor vehicles
Y	11 drug/narcotic equipment 25 purses/handbags/wallets

Complaint/Reporting Party (Signature)

O	Check One:	Offender Sequence #	Name (Last, First, Middle)	Nickname/Alias	Address (Street, City, State, Zip)							
F	<input type="checkbox"/> Offender <input type="checkbox"/> Suspect											
F	<input type="checkbox"/> W White <input type="checkbox"/> B Black	<input type="checkbox"/> A Am Indian <input type="checkbox"/> A Asian <input type="checkbox"/> U Unknown	<input type="checkbox"/> M male <input type="checkbox"/> F female <input type="checkbox"/> U unknown	DOB	Age	<input type="checkbox"/> H Hispanic <input type="checkbox"/> N Non Hispanic <input type="checkbox"/> U Unknown	Height	Weight	Eyes	Hair		
E	SOC / OLN / OLS	Relationship of victim # to offender:	Relationship of victim # to offender:	Arrest	Offender suspected of using (check as many as apply):	<input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs <input type="checkbox"/> N Not Applicable	Offender Present: <input type="checkbox"/> Yes <input type="checkbox"/> No					
D	LIC	LIS	LY	LIT	VIN							
R	Color	Year	Make	Model	Style	Additional Descriptors						
S	* Check One: Offender Sequence # : Name (Last, First, Middle)					Nickname/Alias	Address (Street, City, State, Zip)					
S	<input type="checkbox"/> Offender <input type="checkbox"/> Suspect											
U	<input type="checkbox"/> W White <input type="checkbox"/> B Black	<input type="checkbox"/> A Am Indian <input type="checkbox"/> A Asian <input type="checkbox"/> U Unknown	<input type="checkbox"/> M male <input type="checkbox"/> F female <input type="checkbox"/> U unknown	DOB	Age	<input type="checkbox"/> H Hispanic <input type="checkbox"/> N Non Hispanic <input type="checkbox"/> U Unknown	Height	Weight	Eyes	Hair		
S	SOC / OLN / OLS	Relationship of victim # to offender:	Relationship of victim # to offender:	Arrest	Offender suspected of using (check as many as apply):	<input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs <input type="checkbox"/> N Not Applicable	Offender Present: <input type="checkbox"/> Yes <input type="checkbox"/> No					
C	Relationship Codes: CH - child GP - grandparent CS - common-law spouse PA - parent SB - Sibling					SC - stepchild SS - stepsibling GC - grandchild OF - other family member IL - In-law SP - stepparent	NE - neighbor BE - babysitter BG - boyfriend/girlfriend CF - child of boyfriend/ girlfriend	HR - homosexual relationship XS - ex-spouse EE - employee ER - employer	OK - otherwise known RU - relationship ST - stranger unknown			
T	Referrals: <input type="checkbox"/> N - none <input type="checkbox"/> S - shelter <input type="checkbox"/> L - legal <input type="checkbox"/> C - counseling <input type="checkbox"/> M - medical <input type="checkbox"/> F - financial assistance					<input type="checkbox"/> IO - other	<input type="checkbox"/> U - present/unharmed <input type="checkbox"/> H - present/harmed	<input type="checkbox"/> N - none <input type="checkbox"/> photos <input type="checkbox"/> fingerprints	Evidence Collected:			
W	Witness(s) Name (Last, First, Middle):					Address (Street, City, State, Zip)					Home Phone	Business Phone
I												
T												
N	SHE THINKS THE DORR BOYS FIRED THE SHOTGUN. (ONE SHELL APPEARED TO BE YEARS OLD) SHE ALSO COMPLAINED ABOUT THE DORR BOYS URINATING OUT OF THE BACK DOOR AND DRIVING THROUGH HER BUSHES WITH THEIR SNOWMOBILE. SHE SAYS THEY ALSO THREW A LARGE ROCK ONTO HER YARD AND BOUNCE BALLS OFF OF HER HOUSE.											
A	ON 10/30/2006 AT 8:50 AM LOIS REPORTED THAT THE DORR BOYS TOOK A LARGE ROCK OUT OF A DRAINAGE DITCH AND PLACED IT IN HER FRONT YARD.											
R												
A												
T												
I												
V												
E												
S	Unfounded	Exceptional Clearance	<input type="checkbox"/> W - warrant issued <input type="checkbox"/> D - victim refused to cooperate	Reporting Officer								
T	Cleared by Arrest		<input type="checkbox"/> E - juvenile - no custody	Dan Minten 72-8								
A	Cleared Exceptionally	<input type="checkbox"/> A - suspect/offender dead <input type="checkbox"/> B - prosecution declined <input type="checkbox"/> C - extradition denied	<input type="checkbox"/> N - not applicable	Supervising Officer								
R	Active			Doug Weber								
A	Inactive			Entered By								
T				Val Croall								
I		Exceptional Clearance Date										
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Sometime in 1992-1993 I investigated a complaint from Bethany Christian Services and employee Adri Ruisch, 201 11<sup>th</sup> Street, LeMars, IA 51031. Phone 712-546-5793. Ruisch felt she was being harassed. I could not locate that report. On 11-10-08 at 12:55pm. I contacted Mrs. Ruisch. She indicated that she was the target of Dorr back in the early 90's. She stated that "He is goofy." "I was and am scared to death of Dorr." "He is very frightening." Mrs. Ruisch felt Dorr was stalking her. Dorr would come to talks/presentations that she conducted. One incident occurred in Sheldon and Dorr allegedly placed fliers on vehicles parked outside of a local church Ruisch was speaking at. Ruisch took a flier off a vehicle to read it and Dorr reported her for theft with the Sheldon PD.

Ruisch taught at Dordt College in Orange City from 2003-2004 and her husband would wait in the parking lot so she would not be confronted by Dorr.

Doug Weber



# OSCEOLA COUNTY SHERIFF'S OFFICE

Douglas L. Weber, Sheriff

1-800-352-0008

dweber@osceolacoia.org

309 - 6th Street  
Sibley, Iowa 51249  
Telephone: 712-754-2556  
Fax: 712-754-2872

Mr. Paul Dorr  
579 2<sup>nd</sup> Street  
Ocheyedan, IA 51354

07-24-08

Dear Mr. Dorr,

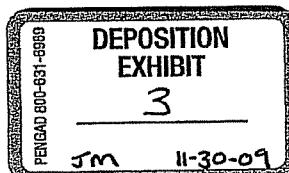
I am denying your son Alexander's application for a Permit to Carry but would consider a new application from him after his twenty-first birthday.

Your wife Debra can pick up her permit on July 28<sup>th</sup> upon payment of the \$10.00 fee.

I have previously denied your application and would deny any new application from you.

Sincerely,

A handwritten signature in black ink that appears to read "Doug Weber".  
Doug Weber, Sheriff.



**DeKoter, Thole & Dawson, P.L.C.**

**ATTORNEYS AT LAW**

DANIEL E. DEKOTER

MICHAEL E. THOLE

HAROLD D. DAWSON

NICOLE M. JENSEN-HARRIS\*

\*admitted to practice law in Iowa and Minnesota

315 Ninth Street  
P.O. Box 253  
Sibley, Iowa 51249-0253  
712/754-4601  
Fax: 712/754-2301

LL. CORCORAN 1912-1992  
DONALD E. SEIVER 1923-1989  
RICHARD D. ZITO 1944-1994

Email author: dandekoter@sibleylaw.com  
Mobile author: 712/330-4538

July 10, 2008

Paul and Debra Dorr  
579 2nd Street  
Ocheyedan Iowa 51354

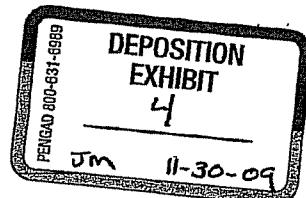
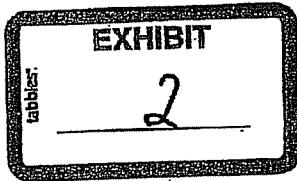
Dear Mr. and Mrs. Dorr:

I have been retained by the Osceola County Public Safety Commission to give legal advice on the issuance of concealed weapon permits. As you know, the recent U.S. Supreme Court decision has brought this issue to the fore. I have advised my client that there should be written permit criteria for the issuance or renewal of concealed weapon permits.

Effective July 10, 2008, the Sheriff of Osceola County is suspending the issuance of concealed weapon permits pending consideration and adoption of written permit criteria. The Sheriff and the Public Safety Commission are committed to the protection of individual liberties in accordance with the law, as well as the protection of the public.

Your pending applications will be considered on the basis of the written criteria after they are adopted. You will then be notified of the decision.

Regardless of the outcome of this process, Iowa law of course permits you to own a handgun; to keep it in your home, loaded or unloaded (although a loaded weapon may have implications for a reckless endangerment prosecution if a child is injured); to use a loaded gun when hunting or for target practice on private property; and to carry the gun unloaded in a vehicle in a case. In general, you have the same rights in owning handguns in Iowa as you do in owning a hunting rifle. The only issue which is being considered for a permit, is whether you are to be allowed to carry a loaded weapon on your person outside your home, apart from those situations which are otherwise permitted by law.



Case 5:08-cv-04093-MWB Document 25-2 Filed 12/15/2008 Page 3 of 5  
Paul and Debra Dorr  
7/10/2008  
Page 2 of 2

We hope to have an answer for you in the next ninety days.

Sincerely yours,

DeKoter, Thole, & Dawson, P.L.C.

  
Daniel E. DeKoter

DDK:srk  
cc: Doug Weber  
Bob Hansen

# STATE OF IOWA

## APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)  
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)  
 Reserve Peace Officer Permit (WP10)  
 Correctional Officer Permit (WP9)

New Application  
 Renewal - Permit Number 143925

DEPOSITION EXHIBIT

5

JM 11-30-09

Firearms Safety Training Certification Number or Peace Officer Certification Date 74976

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Kieve Chad A Phone # (712) 758-3211  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence 5819 Hwy 9 - Ocheyedan IA 51354  
(street) (city) (state) (zip)

Social Security No. 481-98-3256 County of Residence \_\_\_\_\_

Birthdate 11/25/22 Age 27 Sex M Hgt. 5'11" Wgt. 210 Hair B Eyes H

### Authorization for Release - Weapon Permit Applications

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 708 (except sections 708.1 and 708.7) and chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that a person who gives a false name or presents false identification, or otherwise knowingly gives false material information on this application commits a class "D" felony (section 724.10 or 724.21).

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Kieve Chad A

CFN 595-1162 WP5 Rev. 8/88

Date 8-31-09

All of the following questions must be answered:

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Have you ever been convicted of a felony?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Have you ever been convicted of the misdemeanor crime of hazing?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Have you ever been convicted of the misdemeanor crime of stalking?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Are you addicted to the use of alcohol or any controlled substance?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Do you have a history of repeated acts of violence?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: OWT

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Hunting and Target shooting

Applicant Signature Ed Hawley

Date 8/31/00

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application:  Approved  Disapproved Date \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature Ed Hawley  Sheriff of \_\_\_\_\_ County, Iowa

Commissioner of the Iowa Department of Public Safety

New Fee \$ \_\_\_\_\_  Renewal Fee \$ \_\_\_\_\_  Peace Officer/Correctional Officer - No Fee

**STATE OF IOWA**  
**APPLICATION FOR PERMIT TO CARRY WEAPONS**

**TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT**

<input type="checkbox"/> Professional Permit (WP1)	<input type="checkbox"/> Peace Officer Permit (WP7)
<input checked="" type="checkbox"/> Nonprofessional Permit (WP2)	<input type="checkbox"/> Reserve Peace Officer Permit (WP10)
	<input type="checkbox"/> Correctional Officer Permit (WP9)

New Application  
 Renewal - Permit Number \_\_\_\_\_

**Firearms Safety Training Certification Number or Peace Officer Certification Date:** \_\_\_\_\_

**Attach copy of WPO Firearms Safety Training Program Certificate of Completion (except certified peace officer)**

Name Stanton Rick Alan Phone # (712) 784 - 2035  
(last) (first) (middle)

**Other Names Ever Used (aliases)**

Residence 425 12th St. SISB SD 57249  
(street) (city) (state) (zip)

Social Security No. (optional) or DL # 478-88-6811 County of Residence Osceola

Birthdate 8/18/69 Age 31 Sex M Hgt 5'10 Wgt 185 Hair Br. Eyes GR.

## **Authorization for Release - Weapon Permit Applications**

I, Rick Stanton, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release . authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

**Applicant Signature**

Date 1-26-01

**All of the following questions must be answered:**

Yes  No

# STATE OF IOWA

## APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)  
 Nonprofessional Permit (WP2)  
 Peace Officer Permit (WP7)  
 Reserve Peace Officer Permit (WP10)  
 Correctional Officer Permit (WP9)

New Application  
 Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WPO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Nelson Donald F. Phone # (712) 736-2348  
(last) (first) (middle)

Other Names Ever Used (aliases) None

Residence 31 Third Ave B apt 124 City Melvin State Ia Zip 51350  
(street) (city) (state) (zip)

Social Security No. (optional) or DL # 475-26-4832 County of Residence Osceola

Birthdate 6/10/29 Age 72 Sex M Hgt 5-11 Wgt 190 Hair Br Eyes Bl

### Authorization for Release - Weapon Permit Applications

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature A. Donald F.  
WP5 Rev. 01/2001

Date 6-26-01

**All of the following questions must be answered:**

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:

Country of birth: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application:  Approved  Disapproved Date \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature Ed Hansen  Sheriff of \_\_\_\_\_ County, Iowa

Commissioner of the Iowa Department of Public Safety

New Fee \$ \_\_\_\_\_  Renewal Fee \$ \_\_\_\_\_  Peace Officer/Correctional Officer - No Fee

# STATE OF IOWA

## APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)       Peace Officer Permit (WP7)  
 Nonprofessional Permit (WP2)       Reserve Peace Officer Permit (WP10)  
 Correctional Officer Permit (WP9)  
  
 New Application  
 Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Voss Eric T Phone # (712) 754-3125  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence Sibley IA 51279  
(city) (state) (zip)

Social Security No. (optional) or DL # 480-92-8163 County of Residence Osceola

Birthdate 9/7/68 Age 33 Sex M Hgt 6'1" Wgt 200 Hair Blond Eyes Blue

### Authorization for Release - Weapon Permit Applications

I, Eric T. Voss, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

*This "Signature On File" will be valid from this date and shall expire in one year.*

Applicant Signature Eric T. Voss  
WP5 Rev. 06/2001

Date 10/15/01

**All of the following questions must be answered:**

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_

11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:

Country of birth: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

*Hunting, Target, Personal Protection*

Applicant Signature Eric T. Voss Date 10/15/01

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

NICS Transaction Number (NTN) \_\_\_\_\_ Date NTN Received \_\_\_\_\_

Application:  Approved  Disapproved Date of Approval/Disapproval \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature E. Weber  Sheriff of \_\_\_\_\_ County, Iowa

Commissioner of the Iowa Department of Public Safety

New Fee \$ \_\_\_\_\_  Renewal Fee \$ APP-215  Peace Officer/Correctional Officer - No Fee

WEBER 534

# STATE OF IOWA

## APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)  
 Nonprofessional Permit (WP2)  
 Peace Officer Permit (WP7)  
 Reserve Peace Officer Permit (WP10)  
 Correctional Officer Permit (WP9)

New Application  
 Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WPD Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Voss ARVIE R Phone # (712) 754-3125  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence Sibley IA 51249  
(city) (state) (zip)

Social Security No. (optional) or DL # 6824418394 County of Residence Osceola

Birthdate 6/14/37 Age 64 Sex M Hgt 6 Wgt 170 Hair B Eyes B

### Authorization for Release - Weapon Permit Applications

I, ARVIE Voss, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

*This "Signature On File" will be valid from this date and shall expire in one year.*

Applicant Signature \_\_\_\_\_  
WP5 Rev. 06/2001

Date 10-15-01

**All of the following questions must be answered:**

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_

11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:

Country of birth: Costa Rica Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Hunting & Target Personal Protection

Applicant Signature Eric Lane

Date 10-15-01

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

NICS Transaction Number (NTN) \_\_\_\_\_ Date NTN Received \_\_\_\_\_

Application:  Approved  Disapproved Date of Approval/Disapproval \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature Ed Hawley  Sheriff of \_\_\_\_\_ County, Iowa

Commissioner of the Iowa Department of Public Safety

New Fee \$ \_\_\_\_\_  Renewal Fee \$ \_\_\_\_\_  Peace Officer/Correctional Officer - No Fee

# STATE OF IOWA

## APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)  
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)  
 Reserve Peace Officer Permit (WP10)  
 Correctional Officer Permit (WP9)

New Application  
 Renewal - Permit Number 160 976

Firearms Safety Training Certification Number or Peace Officer Certification Date 18147 418-98

Attach copy of WPO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name WEBER ALLAN RAY Phone # (712) 754-3971  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence 402 OAK DR Sibley Iowa 51249  
(city) (state) (zip)

Social Security No. (optional) or DL # 484 44 9691 County of Residence Osceola

Birthdate 04/13/41 Age 61 Sex M Hgt 5'11" Wgt 178 Hair Blond Eyes Hazel

### Authorization for Release - Weapon Permit Applications

Allan Weber do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

4-2-03  
NICS 4-2-03  
I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

*This "Signature On File" will be valid from this date and shall expire in one year.*

Applicant Signature  
WP5 Rev. 12/2001

Date 4/2/03

**All of the following questions must be answered:**

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:

Country of birth: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

I make business deposits to bank -  
occasionally buy sporting weapons

Applicant Signature

*Albert R. Weber*

Date 4/2/03

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application:  Approved  Disapproved Date \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

Signature Ed Gardner Sheriff of \_\_\_\_\_ County, Iowa

Commissioner of the Iowa Department of Public Safety

New Fee \$ \_\_\_\_\_  Renewal Fee \$ \_\_\_\_\_  Peace Officer/Correctional Officer - No Fee

# STATE OF IOWA

## APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)  
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)  
 Reserve Peace Officer Permit (WP10)  
 Correctional Officer Permit (WP9)

New Application  
 Renewal - Permit Number 178638

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WPO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Holmes Scott Rodney Phone # (712) 754-2618  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence 540 Golf View Drive Sibley TA 51249  
(city) (state) (zip)

Social Security No. (optional) or DL # 484 58 2790 County of Residence Osccey

Birthdate 07/23/1945 Age 58 Sex M Hgt 71" Wgt 185# Hair Brown Eyes Brown

### Authorization for Release - Weapon Permit Applications

I, Scott Rodney Holmes, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Scott Holmes  
WP5 Rev. 12/2001

Date March 7, 2004

**All of the following questions must be answered:**

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:  
Country of birth: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

**TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT**

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

**MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY**

Application:  Approved  Disapproved Date \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_  Sheriff of \_\_\_\_\_ County, Iowa

Commissioner of the Iowa Department of Public Safety

New Fee \$ \_\_\_\_\_  Renewal Fee \$ \_\_\_\_\_  Peace Officer/Correctional Officer - No Fee

# STATE OF IOWA

## APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)  
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)  
 Reserve Peace Officer Permit (WP10)  
 Correctional Officer Permit (WP9)

New Application

Renewal - Permit Number 160 849

Firearms Safety Training Certification Number or Peace Officer Certification Date 71910

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Stanton, Rick Alan Phone # (712) 754 - 2035  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence 409 Walnut Dr. Sibley IA 51249  
(city) (state) (zip)

Social Security No. (optional) or DL # 478-88-6811 County of Residence Oscoda

Birthdate 8/18/69 Age 33 Sex M Hgt 5-10 Wgt 180 Hair Br Eyes Bru

### Authorization for Release - Weapon Permit Applications

I, Rick Stanton, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature

WP5 Rev. 12/2001

APP 222

Date 3-12-04

WEBER 1318

**All of the following questions must be answered:**

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:

Country of birth: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

**TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT**

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

*Hunting*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature *[Signature]*

Date 3-12-04

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

**MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY**

Application:  Approved  Disapproved Date \_\_\_\_\_

Reason Disapproved: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_  Sheriff of \_\_\_\_\_ County, Iowa

Commissioner of the Iowa Department of Public Safety

New Fee \$ \_\_\_\_\_  Renewal Fee \$ \_\_\_\_\_  Peace Officer/Correctional Officer - No Fee

**STATE OF IOWA**  
**APPLICATION FOR PERMIT TO CARRY WEAPONS**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)  
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)  
 Reserve Peace Officer Permit (WP10)  
 Correctional Officer Permit (WP9)

New Application  
 Renewal - Permit Number 74855-178620

Firearms Safety Training Certification Number or Peace Officer Certification Date 74855

Attach copy of WPO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Christiansen (last) Ben (first) C. (middle) Phone # (712) 754-2931

Other Names Ever Used (aliases)

Residence 510 8th Ave (city) Sibley (state) IA (zip) 51249

Driver License or Non-Operator ID# 485-78-8455 County of Residence Jacobsburg

Birthdate 07/23/58 Age 46 Sex M Hgt 6-3 Wgt 210 Hair Brown Eyes Hazel

**Authorization for Release - Weapon Permit Applications**

I, Ben Christiansen, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

*This "Signature On File" will be valid from this date and shall expire in one year.*

Applicant Signature Ben Christiansen  
WP5 Rev. 02/2003

Date 2-18-05

MICS 2-18-05 OK  
2-18-05

**All of the following questions must be answered:**

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number. Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

**TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT**

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

**MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY**

Application:  Approved  Disapproved Date 02-19-05

Reason Disapproved: \_\_\_\_\_

Signature Douglas Rueter  Sheriff of Oscoda County, Iowa  
 Commissioner of the Iowa Department of Public Safety  
 New Fee \$ \_\_\_\_\_  Renewal Fee \$ \_\_\_\_\_  Peace Officer/Correctional Officer - No Fee

# STATE OF IOWA

## APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)  
 Nonprofessional Permit (WP2)  
 Peace Officer Permit (WP7)  
 Reserve Peace Officer Permit (WP10)  
 Correctional Officer Permit (WP9)

New Application  
 Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Kruger, Henry Auno Phone # (712) 724-6293  
(last) (first) (middle)

Other Names Ever Used (aliases) NONE

Residence 2086 McKinley Ave Ashton IA 51232  
(city) (state) (zip)

Driver License or Non-Operator ID# 857AA 6630 County of Residence OSSceola

Birthdate 7/28/44 Age 61 Sex M Hgt 5-11 Wgt 210 Hair B Eyes G

### Authorization for Release - Weapon Permit Applications

I, Henry A. Kruger, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature

WP5 Rev. 02/2003

Date 2-21-06

J.S.W.

**All of the following questions must be answered:**

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number. Country of citizenship: U.S.A. Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Target Shooting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature Henry S. Brueger

Date 2-21-06

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application:  Approved  Disapproved Date 02-22-06

Reason Disapproved: \_\_\_\_\_

Signature Sheriff of Polk County, Iowa Sheriff of Polk County, Iowa County, Iowa  
  Commissioner of the Iowa Department of Public Safety  
 New Fee \$ \_\_\_\_\_  Renewal Fee \$ \_\_\_\_\_  Peace Officer/Correctional Officer - No Fee

**STATE OF IOWA**  
**APPLICATION FOR PERMIT TO CARRY WEAPONS**

**TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT**

<input type="checkbox"/> Professional Permit (WP1)	<input type="checkbox"/> Peace Officer Permit (WP7)
<input checked="" type="checkbox"/> Nonprofessional Permit (WP2)	<input type="checkbox"/> Reserve Peace Officer Permit (WP10)
<input type="checkbox"/> New Application	<input type="checkbox"/> Correctional Officer Permit (WP9)
<input type="checkbox"/> Renewal - Permit Number	

**Firearms Safety Training Certification Number or Peace Officer Certification Date** \_\_\_\_\_

**Attach copy of WPO Firearms Safety Training Program Certificate of Completion (except certified peace officer)**

Name ELLIS CARL HESKALL Phone # (712) 754-2403  
(last) (first) (middle)

#### **Other Names Ever Used (aliases)**

Residence 405 5<sup>th</sup> Ave. Sibley Iowa 51249  
(city) (state) (zip)

Driver License or Non-Operator ID# 851 AA 5724 County of Residence Osceola

Birthdate 3/24/40 Age 66 Sex M Hgt 5'8" Wgt 210 Hair BRN Eyes BLU

## **Authorization for Release - Weapon Permit Applications**

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

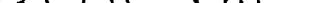
I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

**This "Signature On File" will be valid from this date and shall expire in one year.**

**Applicant Signature**   
WP5 Rev. 02/2003

Date 1-22-113 7:50 AM

**All of the following questions must be answered:**

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature Douglas Weber

Date Jan 10 2007

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application:  Approved  Disapproved Date 01-11-07

Reason Disapproved: \_\_\_\_\_

Signature Douglas Weber  Sheriff of Oscoda County, Iowa  
 Commissioner of the Iowa Department of Public Safety  
 Peace Officer/Correctional Officer - No Fee

New Fee \$ \_\_\_\_\_  Renewal Fee \$ \_\_\_\_\_  Peace Officer/Correctional Officer - No Fee

**STATE OF IOWA**  
**APPLICATION FOR PERMIT TO CARRY WEAPONS**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)  
 Nonprofessional Permit (WP2)  
 Peace Officer Permit (WP7)  
 Reserve Peace Officer Permit (WP10)  
 Correctional Officer Permit (WP9)

New Application  
 Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date \_\_\_\_\_

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

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Name Kohn Debra Ann Phone # (712) 735 - 6906  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence 7069 210<sup>th</sup> Street Harris Iowa 51345  
(city) (state) (zip)

Driver License or Non-Operator ID# 851AA5958 County of Residence Osceola

Birthdate 03/28/59 Age 47 Sex F Hgt 5'7" Wgt 290 Hair brown Eyes Blue

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**Authorization for Release - Weapon Permit Applications**

I, Debra Ann Kohn, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerk of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

*This "Signature On File" will be valid from this date and shall expire in one year.*

Applicant Signature Debra Ann Kohn  
WP5 Rev. 02/2003

Date 1/25/07

NIC> D.K

**All of the following questions must be answered:**

**Yes No**

1. Have you ever been convicted of a felony?
2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
6. Have you ever been convicted of the misdemeanor crime of hazing?
7. Have you ever been convicted of the misdemeanor crime of stalking?
8. Are you addicted to the use of alcohol or any controlled substance?
9. Do you have a history of repeated acts of violence?
10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

**TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT**

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

I would like to have this permit mainly for protection of myself, family, home & property if the need would ever arise.

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

**MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY**

Application:  Approved  Disapproved Date 01-26-07

Reason Disapproved: \_\_\_\_\_

Signature Donna R. Weber  Sheriff of Oscoda County, Iowa  
 Commissioner of the Iowa Department of Public Safety  
 New Fee \$ \_\_\_\_\_  Renewal Fee \$ \_\_\_\_\_  Peace Officer/Correctional Officer - No Fee

# **STATE OF IOWA**

**APPLICATION FOR PERMIT TO CARRY WEAPONS**

**TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT**

<input type="checkbox"/> Professional Permit (WP1)	<input type="checkbox"/> Peace Officer Permit (WP7)
<input checked="" type="checkbox"/> Nonprofessional Permit (WP2)	<input type="checkbox"/> Reserve Peace Officer Permit (WP10)
	<input type="checkbox"/> Correctional Officer Permit (WP9)

New Application  
 Renewal - Permit Number

**Firearms Safety Training Certification Number or Peace Officer Certification Date**

**Attach copy of WPO Firearms Safety Training Program Certificate of Completion (except certified peace officer)**

Name NASERS Scott Thomas Phone# (712) 682-2415  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_  
5560 120th St

Residence Bigelow Mn SG 117  
(city) (state) (zip)

Driver License or Non-Operator ID# 8S1ZZ4117 County of Residence Oscceola

Birthdate 9/17/66 Age 40 Sex m Hgt 5'11" Wgt 230 Hair brown Eyes Haz

## **Authorization for Release - Weapon Permit Applications**

I, Scott Naser S, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

**This "Signature On File" will be valid from this date and shall expire in one year.**

Applicant Signature Scott Rosen  
WPS Rev. 02/2003

Date 1-26-07

**All of the following questions must be answered:**

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: I push my ex-wife a little and she call the cops on me. there was no hitting or anything just a push.

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number. Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

I would like it for personal protection, hunting, and mainly protection of my family & property if the event ever occurs!

Applicant Signature Jeff Davis

Date 1-26-07

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name Scoti Employee Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application:  Approved  Disapproved Date 01-26-07

Reason Disapproved: \_\_\_\_\_

Signature Douglas Ruhder  Sheriff of Pocatello County, Iowa

Commissioner of the Iowa Department of Public Safety

New Fee \$ \_\_\_\_\_  Renewal Fee \$ \_\_\_\_\_  Peace Officer/Correctional Officer - No Fee

**STATE OF IOWA**  
**APPLICATION FOR PERMIT TO CARRY WEAPONS**

**TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT**

<input type="checkbox"/> Professional Permit (WP1) <input type="checkbox"/> Nonprofessional Permit (WP2)	<input type="checkbox"/> Peace Officer Permit (WP7) <input type="checkbox"/> Reserve Peace Officer Permit (WP10) <input type="checkbox"/> Correctional Officer Permit (WP9)
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New Application

Renewal - Permit Number 68080

**Firearms Safety Training Certification Number or Peace Officer Certification Date** 68080

**Attach copy of WPG Firearms Safety Training Program Certificate of Completion (except certified peace officer)**

Name Grady Dan Lee Phone # (712) 754-3280  
(last) (first) (middle)

**Other Names Ever Used (aliases)**

Residence Sibley (city) Ia. 51249 (state) (zip)

Driver License or Non-Operator ID# 85/AA5221 County of Residence Osceola

Birthdate 01/20/56 Age 51 Sex M Hgt 6' Wgt 190 Hair Brown Eyes Blue

## **Authorization for Release - Weapon Permit Applications**

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

*This "Signature On File" will be valid from this date and shall expire in one year.*

**Applicant Signature**  
WPS Rev. 02/2003

Date 4-2-07

**All of the following questions must be answered:**

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

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**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

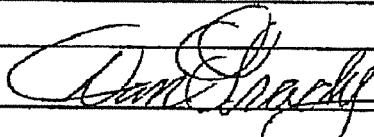
*Trapping Hunting target*

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Applicant Signature



Date 4-2-07

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**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

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**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application:  Approved  Disapproved Date 04-03-07

Reason Disapproved: \_\_\_\_\_

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Signature Dwight Schaefer  Sheriff of Ozark County, Iowa

New Fee \$ \_\_\_\_\_  Renewal Fee \$ \_\_\_\_\_  Peace Officer/Correctional Officer - No Fee

**STATE OF IOWA**  
**APPLICATION FOR PERMIT TO CARRY WEAPONS**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)  
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)  
 Reserve Peace Officer Permit (WP10)  
 Correctional Officer Permit (WP9)

New Application  
 Renewal - Permit Number 74952

Firearms Safety Training Certification Number or Peace Officer Certification Date 74952

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name De Weerd Dean Allen Phone # (712) 754 - 3027  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence 307 8<sup>th</sup> Ave Sibley IA 51249  
(city) (state) (zip)

Driver License or Non-Operator ID# 851ZZ4064 County of Residence Oscoda

Birthdate 11/27/72 Age 34 Sex M Hgt 5'8" Wgt 140 Hair Brown Eyes Blue

**Authorization for Release - Weapon Permit Applications**

I, Dean DeWeerd, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

*This "Signature On File" will be valid from this date and shall expire in one year.*

Applicant Signature Dean DeWeerd  
WP5 Rev. 02/2003

Date 10-2-07

All of the following questions must be answered:

Yes No

1. Have you ever been convicted of a felony?
2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
6. Have you ever been convicted of the misdemeanor crime of hazing?
7. Have you ever been convicted of the misdemeanor crime of stalking?
8. Are you addicted to the use of alcohol or any controlled substance?
9. Do you have a history of repeated acts of violence?
10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

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### STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

*Hunting & target*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature Dale Darschel

Date 10-2-07

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### EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

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### ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application:  Approved  Disapproved Date 10-04-07

Reason Disapproved: \_\_\_\_\_

Signature Dale Darschel Sheriff of Oscce County, Iowa

New Fee \$ \_\_\_\_\_  Renewal Fee \$ \_\_\_\_\_  Peace Officer/Correctional Officer - No Fee

**STATE OF IOWA**  
**APPLICATION FOR PERMIT TO CARRY WEAPONS**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)  
 Nonprofessional Permit (WP2)  
 Peace Officer Permit (WP7)  
 Reserve Peace Officer Permit (WP10)  
 Correctional Officer Permit (WP9)

New Application  
 Renewal - Permit Number \_\_\_\_\_

Firearms Safety Training Certification Number or Peace Officer Certification Date 74857

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Frey Robert A Phone # (712) 254-2859  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence 1012-3rd ST. N.E. Sibley IA 51249  
(city) (state) (zip)

Driver License or Non-Operator ID# \_\_\_\_\_ County of Residence Oscceola

Birthdate 10.10.91949 Age 58 Sex M Hgt 6'0" Wgt 160 Hair Blonde Eyes Blue

**Authorization for Release - Weapon Permit Applications**

I, Robert A. Frey, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

*This "Signature On File" will be valid from this date and shall expire in one year.*

Applicant Signature Robert A. Frey  
WP5 Rev. 02/2003

Date January 4, 2008

**All of the following questions must be answered:**

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: \_\_\_\_\_ Alien registration number: \_\_\_\_\_

---

**STATEMENT OF JUSTIFICATION**

**TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT**

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Self Protection

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature Ronald Rea

Date January 4, 2008

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**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**ISSUING OFFICER**

**MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY**

Application:  Approved  Disapproved Date 01-04-08

Reason Disapproved: \_\_\_\_\_

Signature Daryl R. Wedel  Sheriff of Palo Alto County, Iowa

Commissioner of the Iowa Department of Public Safety  Peace Officer/Correctional Officer - No Fee

New Fee \$ \_\_\_\_\_  Renewal Fee \$ \_\_\_\_\_

**STATE OF IOWA**  
**APPLICATION FOR PERMIT TO CARRY WEAPONS**  
TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)  
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)  
 Reserve Peace Officer Permit (WP10)  
 Correctional Officer Permit (WP9)

New Application  
 Renewal - Permit Number NTIUI: 10L3678

arms Safety Training Certification Number or Peace Officer Certification Date 68076

ach copy of WPO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Schram Duane Allen Phone # (712) 754-2101  
(last) (first) (middle)

Other Names Ever Used (aliases) \_\_\_\_\_

Residence 417 4<sup>th</sup> ave Sibley Ia 51249  
(city) (state) (zip)

Driver License or Non-Operator ID# 851441946 County of Residence Osceola

Birthdate 12/16/55 Age 52 Sex M Hgt 5'10 Wgt 219 Hair BLD Eyes hz

**Authorization for Release - Weapon Permit Applications**

I, Duane Schram, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

*This "Signature On File" will be valid from this date and shall expire in one year.*

Applicant Signature Duane Schram  
WP5 Rev. 02/2003

Date 3-4-08

**All of the following questions must be answered:**

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: \_\_\_\_\_

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number. Country of citizenship: Osceola Alien registration number: \_\_\_\_\_

**STATEMENT OF JUSTIFICATION**

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Trapping and Target Shooting

Applicant Signature Dean Schow Date 3-4-08

**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**ISSUING OFFICER**

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application:  Approved  Disapproved Date 03-04-08

Reason Disapproved: \_\_\_\_\_

Signature Douglas Weber  Sheriff of Pocatalo County, Iowa  
 New Fee \$ \_\_\_\_\_  Renewal Fee \$ \_\_\_\_\_  Commissioner of the Iowa Department of Public Safety  
\_\_\_\_\_ Peace Officer/Correctional Officer - No Fee

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF IOWA  
WESTERN DIVISION

PAUL DORR, AND ALEXANDER DORR, INDIVIDUALLY AND ON BEHALF OF ALL OTHER PERSONS SIMILARLY SITUATED,  Plaintiffs, vs.  DOUGLAS L. WEBER, INDIVIDUALLY AND IN HIS CAPACITY AS SHERIFF, AND HIS SUCCESSORS, THE OSCEOLA COUNTY SHERIFFS DEPARTMENT, IOWA AND OSCEOLA COUNTY, IOWA,  Defendants.	NO. 5:008-cv-04093-MWB  DEFENDANTS' INITIAL DISCLOSURES
--	--

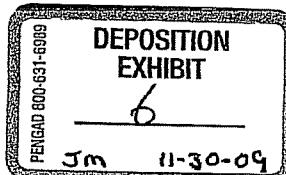
COME NOW Defendants Douglas Weber and Osceola County, Iowa, pursuant to F.R.Civ.P. 26, and make the following disclosures:

PERSONS WITH DISCOVERABLE INFORMATION

1. Douglas L. Weber  
Osceola County Sheriff's Office  
309. Sixth Street  
Sibley, IA 51249

Sheriff Weber denied the permits at issue in this case and will testify concerning the reasons for his decisions.

2. Dan DeKoter
3. Kevin Hertz
4. Employees of:
  - a. Ocheydan Press/Melvin News
    - (1) Arlyn Pedley
    - (2) Lori Wiser
  - b. Worthington Daily Globe
  - c. Northwest Review
5. Members of the Public Safety Commission
6. Members of the Osceola County Board of Supervisors
7. Adri Ruisch
8. Lois Stahl
9. Don Hibbing



10. Arlin Pedley
11. Al and Judy Bruegemann
12. Kevin Wolfswinkel
13. Debra Dorr
14. Mrs. Bill Johnson
15. Dickinson County Sheriff Greg Baloun
16. Clay County Sheriff Randy Krukow

Defendant anticipates that some or all of these people have information about Paul Dorr's reputation and behavior.

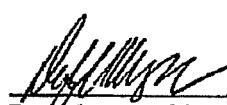
#### DOCUMENTS

1. Paul Dorr Application for Permit to Carry, 2.1.98
2. Paul Dorr Application for Permit to Carry, 3.30.01
3. Paul Dorr Application for Permit to Carry, 4.6.02
4. Paul Dorr Application for Permit to Carry, 5.28.03
5. Paul Dorr Application for Permit to Carry, 6.29.04
6. Paul Dorr Application for Permit to Carry, 6.27.05
7. Paul Dorr Application for Permit to Carry, 7.19.06
8. Paul Dorr Application for Permit to Carry, 7.7.07
9. Alexander Dorr Application for Permit to Carry, 12.6.07

#### INSURANCE AGREEMENTS

1. Copies of the applicable declarations pages are attached.

Respectfully submitted,



Douglas L. Phillips  
KLASS LAW FIRM, L.L.P.  
Mayfair Center, Upper Level  
4280 Sergeant Road, Suite 290  
Sioux City, IA 51106  
[phillips@klasslaw.com](mailto:phillips@klasslaw.com)  
[WWW.KLASSLAW.COM](http://WWW.KLASSLAW.COM)  
712/252-1866  
712/252-5822 fax

ATTORNEYS FOR DEFENDANTS

Copy to:

Vincent J. Fahnlander  
33 South Sixth Street, Suite 4100  
Minneapolis, MN 55402

Erick G. Kaardal  
33 South Sixth Street, Suite 4100  
Minneapolis, MN 55402

**CERTIFICATE OF SERVICE**

The undersigned certifies that the foregoing instrument was served upon all parties to the above cause to each of the attorneys of record herein at their respective addresses disclosed on the pleading on 3/16, 2009  
By:  U.S. Mail  facsimile  
 Hand delivered  Overnight courier  
 Other email  EFC

Signature M. Miller

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF IOWA  
WESTERN DIVISION

PAUL DORR, AND ALEXANDER DORR,  
INDIVIDUALLY AND ON BEHALF OF  
ALL OTHER PERSONS SIMILARLY  
SITUATED,

Plaintiffs,  
vs.

DOUGLAS L. WEBER, INDIVIDUALLY  
AND IN HIS CAPACITY AS SHERIFF, AND  
HIS SUCCESSORS, THE OSCEOLA  
COUNTY SHERIFFS DEPARTMENT,  
IOWA, AND OSCEOLA COUNTY, IOWA,

Defendants.

NO. 5:08-cv-040903-MWB

DOUGLAS WEBER AND OSCEOLA  
COUNTY'S  
ANSWER TO FIRST AMENDED  
COMPLAINT  
  
AND  
  
JURY DEMAND

COME NOW Defendants Douglas Weber, Individually and in his Capacity as Sheriff, and Osceola County, Iowa, and for their Answer to Plaintiffs' First Amended Complaint, state:

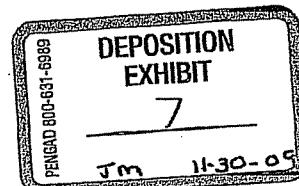
These Defendants deny the allegations contained in the Table of Contents on pp. i-iv of the First Amended Complaint.

#### INTRODUCTION

These Defendants deny the allegations in Plaintiffs' Introductory paragraphs.

#### JURISDICTION

These Defendants admit that this Court has jurisdiction over the parties and the subject matter. These Defendants admit that venue is proper in this Court. The remainder of Plaintiffs' Jurisdiction paragraph is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.



**PARTIES**

**Plaintiffs**

1. Paragraph 1 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.
2. Paragraph 2 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

**Defendants**

3. These Defendants admit that Douglas L. Weber is the duly elected sheriff of Osceola County and that the actions he has taken with respect to Plaintiffs were taken in his capacity as sheriff. These Defendants admit that Sheriff Weber's office address is as stated in the First Amended Complaint. The remainder of paragraph 3 is denied.
4. These Defendants admit that the office address of the Osceola County Sheriff's Department is as stated in the First Amended Complaint. The remainder of paragraph 4 is denied.
5. These Defendants admit that Osceola County is a governmental entity within the State of Iowa and that its address is as stated in the First Amended Complaint. The remainder of paragraph 5 is denied.
6. These Defendants admit that the actions taken by Sheriff Weber with respect to Plaintiffs were taken under color of state law, but deny that they took the actions alleged by Plaintiffs. The remainder of paragraph 6 is denied.

## **CONSTITUTIONAL AND CODE PROVISIONS AT ISSUE**

### **Second Amendment**

7. These Defendants admit that the phrase quoted in the First Amended Complaint is contained in the full text of the Second Amendment to the United States Constitution.

8. These Defendants admit that the Second Amendment has been interpreted by some Courts in the manner alleged in the First Amended Complaint, but deny that these interpretations give Plaintiffs the right to secure a permit as alleged in the First Amended Complaint.

### **Fourteenth Amendment**

9. These Defendants admit that the phrase quoted in the First Amended Complaint is contained in the full text of the Fourteenth Amendment to the United States Constitution, in Section 1.

10. These Defendants admit that the Fourteenth Amendment confers to individuals the right to due process under the law and equal protection under the laws, but deny that Plaintiffs were deprived of their rights under the Fourteenth Amendment.

### **Iowa Codes**

11. These Defendants admit that Iowa Code § 724.7 governs the issuance of non-professional permits to carry weapons in the State of Iowa; and that the text of § 724.7 is accurately set forth in paragraph 11 of the First Amended Complaint. The remainder of paragraph 11 is denied.

12. Paragraph 12 is admitted.

#### **CLASS ALLEGATIONS**

13. Paragraph 13 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted. These Defendants deny that there are any others similarly situated.

14. Paragraph 14 is denied.

15. Paragraph 15 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

16. Paragraph 16 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

17. Paragraph 17 is denied.

18. Paragraph 18 is denied.

19. Paragraph 19 is denied.

20. Paragraph 20 is denied.

21. Paragraph 21 is denied.

#### **FACTS**

**Paul Dorr is engaged in controversial public issues in Iowa exposing him to threats against him for holding or supporting certain views and opinions**

These Defendants deny the introductory allegations in this section of the First Amended Complaint.

22. Paragraph 22 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

23. Paragraph 23 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

24. Paragraph 24 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

25. Paragraph 25 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted

26. Paragraph 26 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

27. Paragraph 27 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

28. Paragraph 28 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

29. Paragraph 29 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

**Since 2001 the Sheriff's Department issued Dorr a permit to carry a weapon, but denied his permit application in 2007**

These Defendants have no information for the years 2001-2004, and accordingly, the introductory allegations preceding paragraph 30 of the First Amended Complaint are denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted. The introductory allegations preceding paragraph 30 of the First Amended Complaint are admitted with respect to the years 2005, 2006 and 2007.

30. These Defendants have no information for the years 2001-2004, and accordingly, paragraph 30 is denied for lack of sufficient information upon which to form a

belief as to the truth of the matters asserted. Paragraph 30 is admitted with respect to the years 2005 and 2006.

31. These Defendants have no information for the years 2001-2004, and accordingly, paragraph 31 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted. Paragraph 31 is admitted with respect to the years 2005 and 2006.

32. These Defendants have no information for the years 2001-2004, and accordingly, paragraph 32 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted. Paragraph 32 is admitted with respect to the years 2005 and 2006.

33. Paragraph 33 is admitted.

34. Paragraph 34 is admitted.

**Sheriff had not factual or reasonable rationale to deny  
Dorr a nonprofessional permit to carry a weapon in 2007**

These Defendants deny the introductory allegations preceding paragraph 35 of the First Amended Complaint.

35. Paragraph 35 is admitted.

36. Paragraph 36 is admitted.

37. Paragraph 37 is admitted.

38. Paragraph 38 is denied.

39. Paragraph 39 is admitted.

40. Paragraph 40 is admitted.

41. Paragraph 41 is admitted.

42. These Defendants deny that the quoted statements were made to Dorr but admit that Sheriff Weber made these statements.

**Debra Dorr is granted a permit in 2008**

These Defendants admit the introductory statement preceding paragraph 43.

43. Paragraph 43 is admitted.

44. Paragraph 44 is admitted.

**Paul Dorr sought a nonprofessional permit to carry a weapon in 2008 but is denied the permit**

These Defendants admit the introductory statement preceding paragraph 45.

45. Paragraph 45 is admitted.

46. Paragraph 46 is admitted.

47. These Defendants admit that Sheriff Weber made the statement that is quoted in paragraph 47 of the First Amended Complaint. The remainder of paragraph 47 is denied.

**Dorr personally and through his consulting business engaged in political challenges with the Osceola County Sheriff's Department and the County Attorney's Office**

These Defendants deny the introductory allegations preceding paragraph 48 for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

48. Paragraph 48 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

49. Paragraph 49 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

50. Paragraph 50 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

51. Paragraph 51 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

52. Paragraph 52 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted..

53. Paragraph 53 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

**Alexander Dorr sought a nonprofessional permit to carry a weapon in 2008 but is denied the permit**

These Defendants admit the allegations in the introductory statement preceding paragraph 54.

54. Paragraph 54 is admitted.

55. Paragraph 55 is admitted.

56. Paragraph 56 is denied.

57. Paragraph 57 is admitted.

**COUNT I**

**Against Sheriff Weber**

**Sheriff Weber's denial to grant the Dorrs a nonprofessional permit to carry a weapon is a violation of due process**

**(Violation of the Second and Fourteenth Amendments  
of the United States Constitution)**

**Sheriff Weber cannot provide Paul Dorr with documentation or other information to substantiate claims that citizens are fearful of Dorr**

These Defendants deny the introductory allegations preceding paragraph 58.

58. These Defendants restate their answers to paragraphs 1 through 57.

59. These Defendants admit that under certain circumstances the Second Amendment has been construed by Courts to provide as alleged in the First Amended Complaint.

60. Paragraph 60 is admitted.

61. Paragraph 61 is denied.

62. Paragraph 62 is admitted.

63. Paragraph 63 is admitted.

64. These Defendants admit that the quoted statements were made, but deny that they were made to Paul Dorr.

**Dorr met all criteria under Iowa Code § 724.8 to be granted a nonprofessional permit to carry a weapon**

These Defendants deny the allegations in the introductory paragraph preceding paragraph 65.

65. Paragraph 65 is denied.

66. Paragraph 66 is admitted.

67. Paragraph 67 is admitted.

68. Paragraph 68 is denied.

69. These Defendants admit that Paul Dorr is over eighteen years of age. The remainder of paragraph 69 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

70. Paragraph 70 is admitted with respect to Paul Dorr. The remainder of paragraph 70 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

71. Paragraph 71 is admitted.

72. Paragraph 72 is admitted.

73. Paragraph 73 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

74. Paragraph 74 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

75. Paragraph 75 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted. These Defendants state affirmatively that citizens have reported they fear Paul Dorr.

76. Paragraph 76 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted. These Defendants state affirmatively that citizens have reported they fear Paul Dorr.

77. Paragraph 77 is denied.

78. Paragraph 78 is denied.

79. Paragraph 79 is admitted.

80. Paragraph 80 is admitted.

**Dorr's engagement in controversial political issues  
and threats made against him substantiated a need  
for a nonprofessional permit to carry a weapon**

These Defendants deny the allegations in the introductory paragraph preceding paragraph 81.

81. Paragraph 81 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

82. Paragraph 82 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

83. Paragraph 83 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

84. Paragraph 84 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

**Sheriff Weber gave no reason to deny Dorr a permit in 2007 and 2008**

These Defendants deny the allegations in the introductory paragraph preceding paragraph 85.

85. Paragraph 85 is admitted.

86. Paragraph 86 is admitted.

87. Paragraph 87 is denied.

88. Paragraph 88 is denied.

**Sheriff Weber denied Alexander Dorr a nonprofessional permit to carry a weapon and declared consideration of new application only after his 21st birthday**

These Defendants admit the allegations in the introductory paragraph preceding paragraph 89.

89. Paragraph 89 is admitted.

90. Paragraph 90 is denied.

91. Paragraph 91 is admitted.

**Alexander Dorr met all criteria under Iowa Code § 724.8 to be granted a nonprofessional permit to carry a weapon**

These Defendants deny the allegations in the introductory paragraph preceding paragraph 92.

92. Paragraph 92 is denied.

93. Paragraph 93 is admitted.

94. These Defendants admit that if all six of the criteria identified in Iowa Code § 724.8 are met, an individual is eligible for issuance of a nonprofessional permit. The remainder of paragraph 94 is denied.

95. Paragraph 95 is denied.

96. Paragraph 96 is admitted.

97. Paragraph 97 is admitted.

98. Paragraph 98 is admitted.

99. Paragraph 99 is admitted.

100. Paragraph 100 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

101. Paragraph 101 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

102. Paragraph 102 is admitted.

103. Paragraph 103 is admitted.

104. Paragraph 104 is denied.

105. Paragraph 105 is denied.

106. Paragraph 106 is admitted.

107. Paragraph 107 is admitted.

**Sheriff Weber acted illegally and denied the Dorrs due process  
and in so doing violated their right to keep and bear arms**

These Defendants deny the allegations in the introductory paragraph preceding paragraph 108.

108. Paragraph 108 is denied.

109. Paragraph 109 is denied.

110. Paragraph 110 is denied.

111. Paragraph 111 is denied.

112. Paragraph 112 is denied

**COUNT II**

**Against Osceola County**

**(Violation of the Second and Fourteenth Amendments  
of the United States Constitution)**

**Infringement of the Dorrs' right to due process  
and to keep and bear arms**

These Defendants deny the introductory allegations preceding paragraph 113.

113. These Defendants restate their answers to Paragraphs 1 through 112.

114. Paragraph 114 is denied.

115. Paragraph 115 is denied.

116. Paragraph 116 is denied.

117. Paragraph 117 is denied.

118. Paragraph 118 is denied.

119. Paragraph 119 is denied.

120. Paragraph 120 is denied.

**COUNT III**

**Against Osceola County Sheriff's Department**

**(Violation of the Second and Fourteenth Amendments  
of the United States Constitution)**

**Infringement of the Dorrs' right to due process and to keep and bear arms**

These Defendants deny the introductory allegations preceding paragraph 121.

121. These Defendants restate their answers to Paragraph 1 through 120.

122. Paragraph 122 is denied.
123. Paragraph 123 is denied.
124. Paragraph 124 is denied.
125. Paragraph 125 is denied.
126. Paragraph 126 is denied.
127. Paragraph 127 is denied.
128. Paragraph 128 is denied.
129. Paragraph 129 is denied.
130. Paragraph 130 is denied.

**COUNT IV**

**Against Sheriff Weber**

**Sheriff Weber's denials to grant Dorr a nonprofessional permit to carry a weapon violated his right to equal protection**

**(Violation of the Second and Fourteenth Amendments  
of the United States Constitution)**

**Sheriff Weber granted a nonprofessional permit to carry weapons  
to individuals including Paul Dorr's wife Debra Dorr**

These Defendants deny the introductory allegations preceding paragraph 131.

131. These Defendants restate their answers to Paragraphs 1 through 130 as fully set forth herein.

132. Paragraph 132 is admitted.
133. Paragraph 133 is admitted.
134. Paragraph 134 is admitted.
135. Paragraph 135 is admitted.

136. These Defendants admit that Sheriff Weber granted Paul Dorr a nonprofessional permit in 2005 and 2006 because he met the statutory criteria. The remainder of paragraph 136 is denied for lack of sufficient information upon which to form a belief as to the truth of the matters asserted.

137. Paragraph 137 is admitted.

138. Paragraph 138 is admitted.

**Sheriff Weber gave no reason to deny Paul Dorr a permit to carry a weapon in 2007 and 2008**

These Defendants deny the introductory allegations preceding paragraph 139.

139. Paragraph 139 is admitted.

140. Paragraph 140 is admitted.

141. Paragraph 141 is denied.

**Sheriff Weber gave no reason to deny Alexander Dorr a permit to carry a weapon in 2008**

These Defendants deny the introductory allegations preceding paragraph 142.

142. Paragraph 142 is admitted.

143. Paragraph 143 is admitted.

144. Paragraph 144 is denied.

**Sheriff Weber acted illegally and denied the Doors equal protection under the law**

These Defendants deny the introductory allegations preceding paragraph 145.

145. Paragraph 145 is denied.

146. Paragraph 146 is denied.

147. Paragraph 147 is denied.

148. Paragraph 148 is denied.

149. Paragraph 149 is denied.

150. Paragraph 150 is denied.

**COUNT V**

**Against Osceola County**

**(Violation of the Second and Fourteenth Amendments  
of the United States Constitution)**

**Infringement of the Dorrs' right to equal protection under the law**

These Defendants deny the introductory allegations preceding paragraph 151.

151. These Defendants restate their answers to paragraph 1 through 150.
152. Paragraph 152 is admitted with respect to Paul Dorr and Alexander Dorr.
153. Paragraph 153 is denied.
154. Paragraph 154 is denied.
155. Paragraph 155 is denied.
156. Paragraph 156 is denied.
157. Paragraph 157 is denied.

**COUNT VI**

**Against Osceola County Sheriff's Department**

**(Violation of the Second and Fourteenth Amendments  
of the United States Constitution)**

**Infringement of the Dorrs' right to equal protection under the law**

These Defendants deny the introductory allegations preceding paragraph 158.

158. These Defendants restate their answers to Paragraphs 1 through 157 as fully set forth herein.
159. Paragraph 159 is admitted with respect to Paul Dorr and Alexander Dorr.

160. Paragraph 160 is denied.
161. Paragraph 161 is denied.
162. Paragraph 162 is denied.
163. Paragraph 163 is denied.
164. Paragraph 164 is denied.
165. Paragraph 165 is denied.

#### COUNT VII

##### **Declaratory Judgment invalidating Iowa Code provision as overly broad and vague governing determinations to a nonprofessional permit to carry a weapon**

These Defendants deny the introductory allegations preceding paragraph 166.

166. These Defendants restate their answers to Paragraphs 1 through 165 as fully set forth herein.

167. Paragraph 167 is admitted.
168. Paragraph 168 is denied.
169. Paragraph 169 is denied.
170. Paragraph 170 is admitted.
171. Paragraph 171 is denied.
172. Paragraph 172 is admitted.
173. Paragraph 173 is admitted.
174. Paragraph 174 is admitted.
175. Paragraph 175 is admitted.
176. Paragraph 176 is denied.

177. These Defendants admit that the Second Amendment has been construed by Courts in the manner alleged, but deny that their actions violated the Second Amendment.

178. Paragraph 178 is denied.

179. Paragraph 179 is denied.

180. Paragraph 180 is denied.

181. Paragraph 181 is denied.

182. Paragraph 182 is denied.

183. Paragraph 183 is denied.

184. Paragraph 184 is denied.

185. Paragraph 185 is denied.

**JURY TRIAL DEMANDED**

186. These Defendants restate their answers to paragraphs 1 through 185 as fully set forth herein.

187. These Defendants demand a jury trial.

WHEREFORE these Defendants pray that Plaintiffs' First Amended Complaint be dismissed and all costs taxed to Plaintiffs.

**AFFIRMATIVE DEFENSES**

1. Plaintiffs' First Amended Complaint fails to state a claim upon which relief can be granted.
2. Douglas Weber is immune from suit.
3. Issuance of the permits at issue is vested in the discretion of the sheriff by virtue of Iowa Code § 724.11.

4. The sheriff may use discretion in determining additional criteria for issuance of a permit pursuant to the provisions of the Iowa Administrative Code.

5. Douglas Weber had a rationale basis for the decisions he made with respect to the permits at issue in this case.

6. Plaintiffs received all the process that they were due under the 14th Amendment.

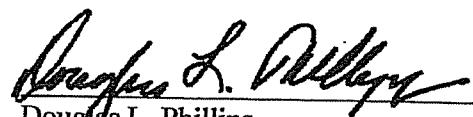
7. The fear of bullying, harassment and intimidation by Paul Dorr as expressed by citizens of Osceola County is a legitimate basis for denial of a permit.

8. There are no similarly situated individuals to whom permits have been denied, and thus, there is no equal protection claim.

**DEMAND FOR JURY TRIAL**

These Defendants hereby respectfully demand a trial by jury of all issues in this case.

Respectfully submitted,



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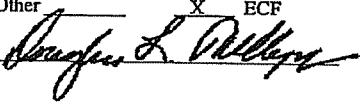
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CERTIFICATE OF SERVICE

The undersigned certifies that the foregoing instrument was served upon all parties to the above cause to each of the attorneys of record herein at their respective addresses disclosed on the pleading on December 1, 2008.

By:  U.S. Mail  facsimile  
 Hand delivered  Overnight courier  
 Other  ECF

Signature 

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF IOWA

Paul Dorr, and Alexander Dorr, individually  
and on behalf of all other persons similarly  
situated,

Court File No. 5:08-CV-04093

Plaintiffs,

vs.

Douglas L. Weber, individually and in his  
capacity as Sheriff, and his successors, the  
Osceola County Sheriff's Department, Iowa,  
and Osceola County, Iowa,

Defendants.

CLASS ACTION  
FIRST AMENDED COMPLAINT

Jury Trial Demanded

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